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Attorneys for Defendant In Han Cha

FILED
DISTRICT COURT OF GUAM

APR 25 2008

JEANNE G. QUINATA
Clerk of Court

IN THE UNITED STATES DISTRICT COURT OF GUAM

UNITED STATES OF AMERICA,)	CRIMINAL CASE NO. 08-00008
)	
Plaintiff,)	
)	DEFENDANT IN HAN CHA'S
vs.)	MOTION FOR THE RETURN OF
)	SEIZED PROPERTY AND THE
SONG JA CHA, <i>et al.</i> ,)	SUPPRESSION OF EVIDENCE
)	
Defendants.)	
)	
_____)	

Defendant, IN HAN CHA, respectfully moves this Court to direct that certain property of which he is lawfully entitled to possession a schedule of which is attached hereto a EXHIBIT A, and which on January 13, 2008, at the premises known as 910 and 910A North Marine Corps Drive, in the Municipality of Tamuning, Guam, was unlawfully seized and taken from him by officers of the Guam Police Department, whose names are unknown to Defendant, In Han Cha, be returned to him and that it be suppressed as evidence against her in any criminal proceeding.

This motion is based on the Fourth Amendment of the United States Constitution and on the following grounds:

ORIGINAL

1. The property was seized against the will of Defendant In Han Cha and without a search warrant.

2. The property was seized at or about 1:00 A.M. on January 13, 2008. A search warrant was obtained at about 10:25 A.M. on January 14, 2008, and executed at about 2:14 P.M. on that same day. This period of time, about thirty-three hours fifteen minutes to the time of obtaining the warrant and about thirty-six hours and forty-nine minutes to time of execution was commenced, was longer than reasonably necessary for the police - acting with due diligence - to obtain a warrant.

3. The affidavit on which the warrant was issued failed to allege facts sufficient to establish probable cause for believing the existence of grounds for the issuance of the warrant.

4. The search warrant did not sufficiently or particularly describe the property to be seized.

5. The property includes money. The government does not have a lawful right to the money and the same must be returned to Defendant In Han Cha. The money will not be used as evidence in this case as it cannot be traced to criminal conduct.

6. Any such other and further grounds as may appear in the hearing of this motion.

A copy of the affidavit on which the search warrant was issued is attached hereto as EXHIBIT B, and a copy of the search warrant is attached as EXHIBIT C.

Defendant In Han Cha seeks an evidentiary hearing on this motion.

This motion is based on the exhibits attached hereto; on the Memorandum served and filed herewith; on the papers and records on file herein' and on such oral and documentary evidence as shall be presented in the hearing hereof.

Respectfully submitted on this the 25th day of April, 2008.

CIVILLE & TANG, PLLC


By: 
G. PATRICK CIVILLE
Attorneys for Defendant In Han Cha

EXHIBIT A

**GUAM POLICE DEPARTMENT
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION CBC	2. CASE No. 08-1208	3. DIVISION C.I.D.	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER SCENE			7. ADDRESS UPPER TUMON BLUE HOUSE LOUNGE	
9. LOCATION OF PROPERTY WHEN OBTAINED BED ROOM LOCATED AT REAR OF ESTABLISHMENT			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED 11/14/08 3:35 PM	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
16-3	#1	\$32. - U.S. CURRENCY IN TWO DOLLAR DENOMINATION.	
	#2	2 EACH FIRST HAWAIIAN BANK CHECK ONE FOR THE AMOUNT OF: \$50. - & THE SECOND FOR THE AMOUNT OF: \$60. -	
<p>NOTHING FOUND</p>			

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
16-3	11/14/08 3:35 PM	Name (type or print) SCENE	Name (type or print) S/A S. A. B. SANTOS	EVIDENCE
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

EXHIBIT A

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

17. REMARKS

18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

_____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT
EVIDENCE/PROPERTY CUSTODY RECORD**

1. CLASSIFICATION <i>WIA/NA/SEXUAL Assault</i>	2. CASE No. <i>08-1205</i>	3. DIVISION <i>CIS</i>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <i>SCA</i>			7. ADDRESS <i>High House LOANEE LOT 5097-4 FINE CRIMINAL PARK</i>	
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER			8. PHONE: (H) _____ (W) _____	
9. LOCATION OF PROPERTY WHEN OBTAINED <i>5th AND Couch on Floor of Private Room in MAIN BAR N/A</i>				
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <i>1.12.05 3:40pm</i>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
<i>1-1</i>	<i>1 EA</i>	<i>White sealed ENVELOPE containing:</i> <i>(1) Ten Dollar (\$10.00) Bill (15 currency)</i> <i>SER. # 6F20631594A</i> <i>SERIES 2004 A</i> <i>NOTHING follows</i>	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<i>1-1</i>	<i>1.12.05 3:40pm</i>	Name (type or print) <i>SCA</i>	Name (type or print) <i>Sgt. J. F. ...</i>	<i>EVIDENCE</i>
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

CLS

CS No.

PROP No.

LAB No.

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

17. REMARKS

18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as Item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of Item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) _____ were destroyed as follows: _____

Case 1:08-cr-00008

Document 72-3

Filed 04/25/2008

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**GUAM POLICE DEPARTMENT
EVIDENCE/PROPERTY CUSTODY REPORT**

1. CLASSIFICATION CBC	2. CASE No. 06-1208	3. DIVISION C.I.D.	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER SCINE			7. ADDRESS UPPER TOWN BLUE HOUSE LOUNGE	
			8. PHONE: (H) _____ (W) _____	

9. LOCATION OF PROPERTY WHEN OBTAINED BEDROOM LOCATED AT REAR OF ESTABLISHMENT	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____	11. DATE/TIME OBTAINED 11/14/08 3:35PM

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
16-1	#1	MISCELLANEOUS U.S. CURRENCY TOTAL - INH TO \$143.-	
"	#2	FIRST HAWAIIAN BANK CHECK #128 FOR THE AMOUNT OF: 100.-	
"	#3	BANK OF GUAM CHECK #0013 FOR THE AMOUNT OF: 300.- & PAID TO THE ORDER OF: GREEN M. ABINAVEG	
16-2	#1	\$790.- U.S. CURRENCY IN TEN DOLLAR DENOMINATION.	
"	#2	\$835.- U.S. CURRENCY IN FIVE DOLLAR DENOMINATION.	
"	#3	\$55.- U.S. CURRENCY IN ONE DOLLAR DENOMINATION.	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
16-1/2	11/14/08 3:35PM	Name (type or print) SCINE Signature _____	Name (type or print) DIAD. A. R. B. #539 Signature _____	EVIDENCE
		Name (type or print) Signature _____	Name (type or print) Signature _____	
		Name (type or print) Signature _____	Name (type or print) Signature _____	

CLS

CS No.

PROP No.

LAB No.

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

17. REMARKS

18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

Case 1:08-cr-00008

Document 72-3

Filed 04/25/2008

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**GUAM POLICE DEPARTMENT
EVIDENCE/PROPERTY CUSTODY REPORT**

1. CLASSIFICATION CSC	2. CASE No. K408-1208	3. DIVISION CID	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER AT SCENE <input checked="" type="checkbox"/> OTHER (BLUE HOUSE LOUNGE)			7. ADDRESS 910 NORTH MARINE DRIVE HARMON TAMUING, GUAM	
9. LOCATION OF PROPERTY WHEN OBTAINED WITHIN BAR AREA OF ESTABLISHMENT, #6 AND #7 ABOVE			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED 14 JAN 08 3:30 PM	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
2-13	ONE EA.	PURPLE "CROWN ROYAL" TBA CONTAINING ITEM #'S 2-14 THROUGH 2-17.	
2-14	THREE HUNDRED THIRTY EA.	QUARTERS (TWENTY-FIVE CENT) US COINS.	
2-15	ONE HUNDRED FIVE EA.	NICKELS (FIVE CENT) US COINS.	
2-16	ONE HUNDRED FIFTY THREE EA.	DIMES (TEN CENT) US COINS.	
2-17	THREE HUNDRED TWENTY-FIVE EA.	PENNIES (ONE CENT) US COINS. <i>AP</i>	
<i>NOTHING IS FOLLOWING</i>			

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
2-13 2-17	14 JAN 08 3:30 PM	Name (type or print) AT SCENE Signature _____	Name (type or print) S/A SCHA A. DOKET #632 Signature <i>[Signature]</i>	EVIDENCE
		Name (type or print) Signature _____	Name (type or print) Signature _____	
		Name (type or print) Signature _____	Name (type or print) Signature _____	

CLS

CS No.

PROP No.

LAB No.

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

17. REMARKS

18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date


If disposal action is (D), complete the following:

On _____, the following item(s) _____ were destroyed as authorized by _____

GUAM POLICE DEPARTMENT
EVIDENCE/PROPERTY CUSTODY REPORT

1. CLASSIFICATION CSC	2. CASE No. 08-1208	3. DIVISION CID/CIS	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER SCENE <input checked="" type="checkbox"/> OTHER (BLUE HOUSE LOUNGE)			7. ADDRESS #910 NORTH MARINE DR. HARMON	
9. LOCATION OF PROPERTY WHEN OBTAINED TOP SIDE OF BAR INSIDE MULTICOLORED GLASS PITCHER			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED 1-14-08 1530HLS.	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
#3	133 EA.	CONTINUED. SN#A06668680C, SN#B94932048J, SN#B21051002E, SN#L40345959P, SN#F46009299F, SN#F06700450N, SN#B85722305A, SN#B86849272J, SN#F77425834N, SN#B41615823N, SN#B39577978J, SN#L406011794N, SN#F49147890A, SN#B8316000M, SN#B09224213A, SN#J31703462A, SN#LS15135104, SN#691725415M, SN#L42007892P, SN#L46719114L, SN#684211582P, SN#A31192264C, SN#L32446214A, SN#L94147410A, SN#B05705200A, SN#B928N031J, SN#B07097643A, SN#L55659071R, SN#609299807F, SN#L79212404A, SN#C67039932A, SN#B6222558J, SN#L41849474P, SN#L06610912, SN#F93786744N, SN#616895407, SN#616573072F, SN#E235122279, SN#61665116F, SN#K60657542A, SN#B40016994B, SN#A70361422B, SN#F93276051I, SN#A84193595A, SN#F93325262I, SN#F77226007N, SN#F23884623P, SN#E22592492A CONTINUED.	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
#3	1/14/08 1530HLS.	Name (type or print) SCENE	Name (type or print) S/A PAC SNAWS #588	EVIDENCE
		Signature	Signature 	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

17. REMARKS

18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION Criminal Sexual Conduct	2. CASE No. KY08-1208	3. DIVISION CIS	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER			7. ADDRESS Blue House Lounge Lot 5097-4, Harmon	
9. LOCATION OF PROPERTY WHEN OBTAINED Wooden Cabinet in Kitchen area			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED 1/14/08 4:25pm	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
1-4	1 ea	<p>Sealed manila envelope containing the following:</p> <p>1-4a: 3 ea. \$100.00 Bills (US Currency) = \$300.00</p> <p>1-4b: 8 ea. \$50.00 Bills (US Currency) = \$400.00</p> <p>1-4c: 78 ea. \$20.00 Bills (US Currency) = \$1,560.00</p> <p>1-4d: 50 ea. \$10.00 Bills (US Currency) = \$500.00</p> <p>1-4e: 68^{mc} ea. \$5.00 Bills (US Currency) = \$340.00</p> <p>1-4f: 55 ea. \$1.00 Bills (US Currency) = \$55.00</p> <p align="right">Total: \$3155.00</p> <p align="center">Nothing Follows</p>	
<p>AUC</p>			

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1-4 (e-f)	1/14/08 4:25pm	Name (type or print) Scene	Name (type or print) Po³ A.V. Camacho #211	Evidence
		Signature	Signature <i>[Signature]</i>	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

CLS

CS No.

PROP No.

LAB No.

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

17. REMARKS

*Note: Currency verified by PO3 J. U. Camacho and
A2 A. [unclear] [unclear].

18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as Item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of
Item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date



If disposal action is (D), complete the following:

On _____ the following item(s) _____ were destroyed as authorized by _____

GUAM POLICE DEPARTMENT
EVIDENCE/PROPERTY CUSTODY RECORD

1. CLASSIFICATION CSC	2. CASE No. 08-1208	3. DIVISION CID/CAS	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER SCENE <input checked="" type="checkbox"/> OTHER (BLUE HOUSE LOUNGE)			7. ADDRESS #40 NORTH MARINE DR. HARMON.	
9. LOCATION OF PROPERTY WHEN OBTAINED TOP SIDE OF BAR INSIDE MULTICOLORED GLASS PITCHER			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED 1-14-08 1530HRS.	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
#3.	133EA.	CONTINUED. SN# B3761059J, SN# B34101495B, SN# C51545850P, SN# D75289823D, SN# B52831230A, SN# B40191963B, SN# F72416248N, SN# B12601846B, SN# D02302792A, SN# B87897376J, SN# A66609511F, SN# B55498015A, SN# B56383903A, SN# B45351940A, SN# F46148179M, SN# C90682407G, SN# B10634524C, SN# D66621771C, SN# G51538385F, SN# B54418912F, SN# B58934240Z, SN# B33038001B, SN# D71657962C, SN# C32391106A, SN# A31357737C, SN# D89962321D, SN# C31998379A, SN# B09292382A, SN# C67961399A, SN# G52363069F, SN# E12743433A, SN# L31956923A, SN# L42107253P, SN# F124185530N, SN# C56070275D, SN# B89191783F SN# F241417487, SN# C68884502A, SN# B03287302B, SN# L40408098P, SN# D68748320U, SN# C53709272J, SN# E1830648C, SN# B09273313A, SN# L47080681P, SN# E20103034, SN# H51756288B, SN# D86707662D SN# L81804512A, SN# F31034404P, SN# H65333360A.	CONTINUED.

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
#3	1-14-08 1530HRS	Name (type or print) SCENE	Name (type or print) S/A MCSWATTS #588	EVIDENCE.
		Signature 	Signature 	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

CLS

CS No.

PROP No.

LAB No.

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

17. REMARKS

18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

Case 1:08-cr-00008

Document 72-3

Filed 04/25/2008

Page 18 of 57

CLS

CS No.

PROP No.

LAB No.

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

17. REMARKS

18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

GUAM POLICE DEPARTMENT
EVIDENCE/PROPERTY CUSTODY RECORD

1. CLASSIFICATION CSC	2. CASE No. 08-1208	3. DIVISION CID/CAS	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER SCENE <input checked="" type="checkbox"/> OTHER (BLUE HOUSE LOUNGE)			7. ADDRESS #910 NORTH MARINE DR. HARMON	
9. LOCATION OF PROPERTY WHEN OBTAINED TOP SIDE OF BAR INSIDE MULTICOLORED GLASS PITCHER			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED 1-14-08 1530 HRS.	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
#1.	01 EA.	TEN DOLLAR BNL U.S. CURRENCY SN# JF 14986952A.	
#2.	06 EA.	FIVE DOLLAR BNDs U.S. CURRENCY, SN# DA56A78376A, SN# DJ19390235A, SN# FB26629050B, SN# FB2857844C, SN# FB358728487B, SN# FL16204016A.	
#3.	133 EA.	ONE DOLLAR BILLS US CURRENCY: SN# F8992755SN, SN# 966178511F, SN# B88074516D, SN# D62196220J, SN# BNDH4352E, SN# B6471385F, SN# K70878698C, SN# F67406640N, SN# A65313873C, SN# B58087193T, SN# F23878897P, SN# C67137911A, SN# L41966870P, SN# E12120699A, SN# A12590433H, SN# L39237707A, SN# F38679730N, SN# B06107858A, SN# B62142418C, SN# L67356971B, SN# B68500278A, SN# B13887944J, SN# F75580580N, SN# B92390144F, SN# F41973451H, SN# B60955222J, SN# C47032561A, SN# K2184291D	CONTINUED

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1-3	1-14-08 1530 HRS.	Name (type or print) SCENE	Name (type or print) SA RAC SANDS #585	EVIDENCE
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

CLS

CS No.

PROP No.

LAB No.

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

17. REMARKS

18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT
EVIDENCE/PROPERTY CUSTODY RECEIPT**

CLASSIFICATION <i>Unsub. Sexual Contact 2008-01208</i>	2. CASE No. <i>2008-01208</i>	3. DIVISION <i>CID/CB</i>	4. PROPERTY No.	5. LAB No.
NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <i>Scene</i> <input checked="" type="checkbox"/> OTHER			7. ADDRESS <i>1st: 500m-4 Fongayam Hamm</i>	
			8. PHONE: (H) <i>649-2727</i> (W) _____	
LOCATION OF PROPERTY WHEN OBTAINED <i>Pearls color female clothes hanging in the Master bedroom</i>				
9. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 86-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <i>Jul 14, 2008</i> <i>4:50pm</i>	

2. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
<i>2</i>	<i>400</i>	<i>Top sealed in a clear plastic bag:</i> <i>1ea - Stack of \$20.00 x 350 = \$7000.00</i> <i>\$1.00 x 1 = \$1.00</i> <i>TOTAL: \$7001.00</i> <i>2 ROWING, FOLLOWS</i>	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<i>2</i>	<i>01/14/08</i> <i>4:50pm</i>	Name (type or print) <i>Scene</i> Signature	Name (type or print) <i>Sta. Sgt. Naga # 020</i> Signature <i>[Signature]</i>	<i>Evidence</i>
		Name (type or print) Signature	Name (type or print) Signature	
		Name (type or print) Signature	Name (type or print) Signature	

GUAM POLICE DEPARTMENT
EVIDENCE/PROPERTY CUSTODY RECORD
KYCS#

1. CLASSIFICATION CSC	2. CASE No. 08-1208	3. DIVISION CLS/GPD	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER SCENE			7. ADDRESS #910 A N. MARINE DR. HARMON / UPPER TUMON, GUAM	
			8. PHONE: (H) _____ (W) _____	

9. LOCATION OF PROPERTY WHEN OBTAINED ROOM NO. 5 (MR & MRS. CHA'S ROOM)	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input checked="" type="checkbox"/> OTHER (Specify) SAFEKEEPING	11. DATE/TIME OBTAINED 1.14.08, 9:24pm

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
15	50 ea.	TWENTY DOLLAR BILL U.S. CURRENCY.	
16	100 ea.	FIFTY DOLLAR BILL U.S. CURRENCY.	
		~~~~~ NOTHING FOLLOWS ~~~~~	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
15-16	1.14.08 9:24pm	Name (type or print) <b>SCENE</b>	Name (type or print) <b>SIA 123 PLOW #1064</b>	<b>EVIDENCE</b>
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

CHAIN OF CUSTODY CONTINUED ON REVERSE

CLS	CS No.	PROP No.	LOC
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**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECORD**

**KICS#**

1. CLASSIFICATION <b>CSC</b>	2. CASE No. <b>08-1208</b>	3. DIVISION <b>CIS/SPD</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> OWNER  <input checked="" type="checkbox"/> OTHER </div> <div style="font-size: 2em;"><b>SCENE</b></div> </div>			7. ADDRESS <b>#910 A N. MARINE DR. HARMON / UPPER TUMON, GUAM</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>ROOM NO. 5 (MR &amp; MRS. CHA'S ROOM)</b>			8. PHONE: (H) _____ (W) _____	

10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 88-11) <input checked="" type="checkbox"/> OTHER (Specify) <b>SAFE KEEPING</b>	11. DATE/TIME OBTAINED <b>1.14.08, 9:24pm</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
1	50ea.	TWENTY DOLLAR BILL U.S. CURRENCY.	
2	50ea.	TWENTY DOLLAR BILL U.S. CURRENCY.	
3	50ea.	TWENTY DOLLAR BILL U.S. CURRENCY.	
4	50ea.	TWENTY DOLLAR BILL U.S. CURRENCY.	
5	50ea.	TWENTY DOLLAR BILL U.S. CURRENCY.	
6	38ea.	ONE HUNDRED DOLLAR BILL U.S. CURRENCY.	
7	100ea.	FIFTY DOLLAR BILL U.S. CURRENCY.	
8	50ea.	TWENTY DOLLAR BILL U.S. CURRENCY.	
9	120ea.	FIFTY DOLLAR BILL U.S. CURRENCY.	
10	50ea.	TWENTY DOLLAR BILL U.S. CURRENCY.	
11	50ea.	TWENTY DOLLAR BILL U.S. CURRENCY.	
12	50ea.	TWENTY DOLLAR BILL U.S. CURRENCY.	
13	100ea.	FIFTY DOLLAR BILL U.S. CURRENCY.	
14	88ea.	FIFTY DOLLAR BILL U.S. CURRENCY.	

**CONTINUED...**

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1-14	1.14.08 9:24pm.	Name (type or print) <b>SCENE</b>	Name (type or print) <b>SA #12 P. 1010, ID# 1010</b>	<b>EVIDENCE</b>
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

CHAIN OF CUSTODY CONTINUED ON REVERSE

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY REPORT**

1. CLASSIFICATION <b>Murder Sexual Contact</b>	2. CASE No. <b>2008-0108</b>	3. DIVISION <b>CID/CIS</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED  <input type="checkbox"/> OWNER <b>Scene</b> <input checked="" type="checkbox"/> OTHER			7. ADDRESS <b>lot 5097-4 Fanagayan Harmon</b>	
			8. PHONE: (H) <b>649-7174</b> (W) _____	

9. LOCATION OF PROPERTY WHEN OBTAINED <b>Paper colored Vase located in To Master bedroom</b>	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____	
11. DATE/TIME OBTAINED <b>Jan 14, 2008 4:50pm</b>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
<b>1</b>	<b>43A</b>	<b>Tape sealed in a clear plastic bag:</b> <b>8ea - stacks of \$100.00 X 100 = \$80,000.00</b> <b>1ea - Stack of \$100.00 X 50 = \$5,000.00</b> <b>1ea - Stack of \$100.00 X 54 = \$5,400.00</b> <b>1ea - Stack of \$100.00 X 45 = \$4,500.00</b> <b>1ea - Stack of \$100.00 X 33 = \$3,300.00</b> <b>1ea - Stack of \$100.00 X 18 = \$1,800.00</b> <b>NOTHING FOLLOWS</b>	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<b>1</b>	<b>01/14/08 4:50pm</b>	Name (type or print) <b>Scene</b>	Name (type or print) <b>Sgt DA [Signature]</b>	<b>Transfer</b>
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <b>CRIMINAL SEXUAL CONDUCT</b>	2. CASE No. <b>1708-1208</b>	3. DIVISION <b>C10/CU</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED  <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <b>Scene</b>			7. ADDRESS <b>BLUE HOUSE LOUNGE 100 SPTA FINGRAYON, HARMON</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>BEHIND OF 100 H. LTA WALKER AT THE REAR OF BLUE HOUSE LOUNGE, HARMON</b>			11. DATE/TIME OBTAINED <b>1/14/08 1848 Hrs</b>	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED  <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11)  <input type="checkbox"/> OTHER (Specify) _____				

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
<b>#7</b>	<b>50 EA</b>	<b>BUNDLE OF \$100.00 BILLS WRAPPED IN BLUE WALKER RUBBER BAND. TOTAL AMOUNT \$5,000.00.</b>	
<b>#8</b>	<b>50 EA</b>	<b>BUNDLE OF \$100.00 BILLS WRAPPED IN YELLOW WALKER RUBBER BAND. TOTAL AMOUNT \$5,000.00.</b>	
<b>#9</b>	<b>50 EA</b>	<b>BUNDLE OF \$100.00 BILLS WRAPPED IN GREEN WALKER RUBBER BAND. TOTAL AMOUNT \$5,000.00.</b>	
<b>#10</b>	<b>50 EA</b>	<b>BUNDLE OF \$100.00 BILLS WRAPPED IN GREEN WALKER RUBBER BAND. TOTAL AMOUNT \$5,000.00.</b>	
<b>#11</b>	<b>50 EA</b>	<b>BUNDLE OF \$100.00 BILLS WRAPPED IN A GREEN WALKER RUBBER BAND. TOTAL AMOUNT \$5,000.00.</b>	
<b>#12</b>	<b>50 EA</b>	<b>BUNDLE OF \$100.00 BILLS WRAPPED IN A GREEN WALKER RUBBER BAND. TOTAL AMOUNT \$5,000.00.</b>	
<b>#13</b>	<b>50 EA</b>	<b>BUNDLE OF \$100.00 BILLS WRAPPED IN A BLUE WALKER RUBBER BAND. TOTAL AMOUNT \$5,000.00.</b>	
<b>#14</b>	<b>50 EA</b>	<b>BUNDLE OF \$100.00 BILLS WRAPPED IN BLUE WALKER RUBBER BAND. TOTAL AMOUNT \$5,000.00.</b>	
<b>— NOTHING FOLLOWS —</b>			

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<b>#7-14</b>	<b>1/14/08 1848 Hrs</b>	Name (type or print) <b>Scene</b> Signature _____	Name (type or print) <b>Sgt. 1 SA AMAGUIM</b> Signature _____	<b>EVIDENCE</b>
		Name (type or print) Signature _____	Name (type or print) Signature _____	
		Name (type or print) Signature _____	Name (type or print) Signature _____	

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

17. REMARKS / ITEMS # 7-11 WERE COUNTED BY SGT. MATHUIN AND DUAL COUNTED BY SGT. J. A. PEREL. 4/20/02 14 JAN 08 8:27 PM

18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <b>CRIMINAL SEXUAL ONDOCT</b>	2. CASE No. <b>K108-1208</b>	3. DIVISION <b>CID/CIS</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED  <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <b>Scene</b>			7. ADDRESS <b>BLUE HOUSE LOUNGE 507 5097-4 FINCHAYAN, HARMON</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>ROOM OF IN H. CHA LOCATED AT THE RATE OF BLUE HOUSE LOUNGE, HARMON</b>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED  <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <b>1/14/08 1848 HRS</b>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
#1	100 EA.	BUNDLE OF \$100.00 BILLS WRAPPED IN A BLUE COLORED RUBBER BAND. TOTAL AMOUNT OF TEN THOUSAND DOLLARS (\$10,000.00)	
#2	100 EA.	BUNDLE OF \$100.00 BILLS WRAPPED IN A RED COLORED RUBBER BAND. TOTAL AMOUNT OF TEN THOUSAND DOLLARS (\$10,000.00)	
#3	100 EA.	BUNDLE OF \$100.00 BILLS WRAPPED IN A BLUE COLORED RUBBER BAND. TOTAL AMOUNT OF TEN THOUSAND DOLLARS (\$10,000.00)	
#4	100 EA.	BUNDLE OF \$100.00 BILLS WRAPPED IN A GREEN COLORED RUBBER BAND. TOTAL AMOUNT OF (\$10,000.00) TEN THOUSAND DOLLARS	
#5	100 EA.	BUNDLE OF \$100.00 BILLS WRAPPED IN A YELLOW COLORED RUBBER BAND. TOTAL AMOUNT OF TEN THOUSAND DOLLARS (\$10,000.00)	
#6	90 EA.	BUNDLE OF \$100.00 BILLS WRAPPED IN A BLUE COLORED RUBBER BAND. TOTAL AMOUNT OF NINE THOUSAND DOLLARS (\$9,000.00)	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
#1-6	1/14/08 1848 HRS	Name (type or print) <b>Scene</b>	Name (type or print) <b>Sgt. I. A. Amador</b>	SURRENDER
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

CLS

CS No.

PROP No.

LAB No.

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

## 16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

## 17. REMARKS

ITEMS # 1-6 WERE COUNTED BY SEP 1 ST. AMALIAH AND DOUBLE COUNTED BY  
S/A B.A. E. EATON / JCL

## 18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of

item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____ Case 1:08-cr-00008 Document 72-3 Filed 04/25/2008 Page 30 of 57

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <b>CRIMINAL/SEXUAL/Child</b>	2. CASE No. <b>08-1208</b>	3. DIVISION <b>CIS</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED  <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <b>SCENE</b>		7. ADDRESS <b>Blue House Lounge</b> <b>LOT 5097-4 TITESHYN MARINA</b>		
9. LOCATION OF PROPERTY WHEN OBTAINED <b>KITCHEN CABINET BETWEEN TWO REFRIGERATORS</b>		8. PHONE: (H) _____ (W) _____		
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED  <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <b>1-14-08</b> <b>4:25pm</b>	

12. ITEM NO	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
<b>1-2</b>	<b>1</b>	<b>BROWN PAPER BAG (SEALED) CONTAINING</b>  <b>1-2A - (1) GREEN folder containing forty-two (42) pages of TYPE written documents and certificate of CSC engineering profile</b>  <b>1-2B - (31) ea. pages of notebook paper documents wrapped with a GREEN INDEX CARD</b>  <b>1-2C - (38) ea. pages of notebook paper documents wrapped with a BROWN Rubber band.</b>  <b>1-2D - (1) ea. of 2 pages of an employment AGREEMENT "ANNA PAUL" 586-96-5718</b>	

16. CHAIN OF CUSTODY				
ITEM NO	DATE & TIME	RELINQUISHED By	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<b>1-2</b> <b>A.B.C.D</b>	<b>1-14-08</b> <b>4:25pm</b>	Name (type or print) <b>SCENE</b>	Name (type or print) <b>Sgt. [Signature], #341</b>	<b>evidence</b>
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

CHAIN OF CUSTODY (continued)

ITEM NO	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

REMARKS

DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to Submitting agency (C) Superior Court (O) Destroyed (F) District Court (1) Returned to Individual owner (M) Other method - explain in remarks.

If disposal action is (1), complete the following:

Release of article(s) indicated as item (s) No. _____ authorized by _____

_____, rightful owner / authorized agent, hereby acknowledge receipt of

item (s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following.

On _____ the following item(s) No. _____ were destroyed as authorized by _____



**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <i>CRIMINAL/Seize/Child</i>	2. CASE No. <i>08-1208</i>	3. DIVISION <i>C/S</i>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED  <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> OTHER <i>SCALE</i>		7. ADDRESS <i>Blue House Lounge LOT 5099-4 TIEGAYAN, Harmon</i>		
8. LOCATION OF PROPERTY WHEN OBTAINED <i>Pitcher Cabinet between two refrigerators</i>		8. PHONE: (H) _____ (W) _____		
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED  <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____				11. DATE/TIME OBTAINED <i>1-14-08 4:25 PM</i>

12. ITEM NO	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
<i>1-2</i>		<i>Continued</i> <i>1-2 E - (4) ea Spiral Notebooks (1) red, (1) gray (1) yellow and (1) purple</i>  <i>1-2 F - (1) ea. Green Colored photo Album with (30) photos.</i>  <i>1-2 G - (2) ea Independent Contractors Agreement (3) pages ea. (Blank forms)</i>  <i>1-2 H - (6) ea. Western Union Receipts</i>  <i>1-2 I - (4) ea. TransAction History for Account 0045441482</i>  <i>1-2 J - (3) ea. Bank of Hawaii Statement of Account 0045441482</i>	

16. CHAIN OF CUSTODY				
ITEM NO	DATE & TIME	RELINQUISHED By	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<i>1-2 E, F, G, H, I, J.</i>		Name (type or print) <i>SCALE</i>	Name (type or print) <i>Sgt. A. F. D. [Signature], #311</i>	<i>EVIDENCE</i>
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

CHAIN OF CUSTODY (continued)

ITEM NO	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

7. REMARKS

8. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to Submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to Individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item (s) No. _____ authorized by _____

_____, rightful owner / authorized agent, hereby acknowledge receipt of

item (s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____ the following article(s) _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <i>CRIMINAL/SEARCH/On/Off</i>	2. CASE No. <i>08-1208</i>	3. DIVISION <i>CLS</i>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED  <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <i>SCATE</i>			7. ADDRESS <i>Blue House Lounge LOT 5097-4 FIVE GAYN HARMON</i>	
9. LOCATION OF PROPERTY WHEN OBTAINED <i>KITCHEN CABINET BETWEEN two refrigerators</i>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED  <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <i>1/14/08 4:25pm</i>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
<i>1-2</i>		<i>Confidential</i> <i>1-2K - (1) 2A Independent Contractor's AGREEMENT</i> <i>(3) pages each Names of each</i> <i>"A.S. AKIRA", KIMIA CHORTER"</i>  <i>1-2L - (1) 2A MACY'S slip with phone</i> <i>Number on BACK side</i> <i>1-2M - (1) 2A, pink sticky Note with</i> <i>Telephone Number "649-2727"</i> <i>"Blue House"</i> <i>1-2N. MISCELLANEOUS, pink sticky</i> <i>NOTES (Black)</i> <i>NOTHING follows</i>	

16. CHAIN OF CUSTODY				
ITEM NO	DATE & TIME	RELINQUISHED By	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<i>1-2 KLMN</i>	<i>1/14/08 4:25pm</i>	Name (type or print) <i>SCATE</i>	Name (type or print) <i>SA [Signature]</i>	<i>EVIDENCE</i>
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

CHAIN OF CUSTODY CONTINUED ON REVERSE

DO NOT WRITE IN THIS SPACE

CLS	CS No.	PROP No.	LOC
-----	--------	----------	-----

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

## CHAIN OF CUSTODY (continued)

ITEM NO	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

## REMARKS

## 6. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to Submitting agency (C) Superior Court (O) Destroyed (F) District Court (1) Returned to Individual owner (M) Other method - explain in remarks.

If disposal action is (1), complete the following:

Release of article(s) indicated as Item (s) No. _____ authorized by _____

_____, rightful owner / authorized agent, hereby acknowledge receipt of  
 item (s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following.

On _____ the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <i>Criminal Sexual Conduct</i>	2. CASE No. <i>E-108-1208</i>	3. DIVISION <i>CIS</i>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED  <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <i>Scene</i>			7. ADDRESS <i>Blue House Lounge Lot 5097-4, Harmon</i>	
9. LOCATION OF PROPERTY WHEN OBTAINED <i>Wooden Cabinet in kitchen area</i>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <i>1/14/08 4:25 pm</i>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
1-3	1 ea.	<p>Multi-Colored nylon sports bag containing the following:</p> <p>1-3a: Handwriting tablet paper with numerous letters and figures written in black ink. (35ea.)</p> <p>1-3b: Handwriting tablet paper with numerous figures written in black &amp; blue ink. (41ea.)</p> <p>1-3c: <del>Handwriting</del> Handwriting tablet paper with numerous figures written in black &amp; blue ink (36ea.)</p> <p>1-3d: Handwriting tablet paper with numerous figures written in black &amp; blue ink (40ea.)</p> <p>1-3e: 32ea. white envelopes used as accounting ledger.</p>	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1-3 a-e	1/14/08 4:25 pm	Name (type or print) <i>Scene</i>	Name (type or print) <i>Po³ A.V. Canacho</i>	<i>Evidence</i>
		Signature	Signature <i>[Signature]</i>	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

REMARKS

DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

_____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

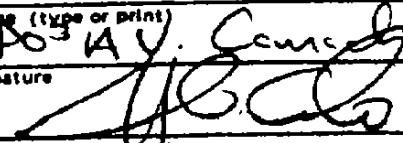
If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <b>Criminal Sexual Conduct</b>	2. CASE No. <b>K408-1208</b>	3. DIVISION <b>CIS</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED  <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <b>Scene</b>			7. ADDRESS <b>Blue House <del>1000</del> ¹⁰⁰⁵ Lane</b> <b>Lot 5097-4, Harmon</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>Wooden <del>cabinet</del> cabinet in kitchen area</b>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <b>11/14/08</b> <b>4:25 pm</b>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
		<b>1-3f: Bank of Hawaii personalized <del>the</del> check "Blue House" (#221- #225 not used)</b> <b>1-3g: "Color Print" picture negatives</b> <b>1-3h: Four (4) page "Re: Deposit Transaction History for Song Ja Cha" Account #45441482</b> <b>1-3i: (24 ea) "Western Union" money transfer receipt</b> <b>- (17 ea) Receiver: Sinisio Tipingeni</b> <b>- (2 ea) Receiver: Sainin Sam</b> <b>- (3 ea) Fumiko Chanuel (Receiver)</b> <b>- (2 ea) Receiver: Envieng Estang</b> <b>1-3j: 6 ea. Airfare Documents</b>	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHAIN OF CUSTODY
<b>3</b>	<b>11/14/08</b>	Name (type or print) <b>Scene</b> Signature _____	Name (type or print) <b>PO3 A.Y. Sanchez #211</b> Signature 	<b>Evidence</b>
		Name (type or print) _____ Signature _____	Name (type or print) _____ Signature _____	
		Name (type or print) _____ Signature _____	Name (type or print) _____ Signature _____	

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

## CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

## REMARKS

## I. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

_____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____



GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT

1. CLASSIFICATION <b>CSC</b>	2. CASE No. <b>08-1208</b>	3. DIVISION <b>CID/CIS</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <b>SCENE</b> <input checked="" type="checkbox"/> OTHER <b>(BLUE HOUSE LOUNGE)</b>			7. ADDRESS <b>#910 NORTH MARINE DR. HAWAII.</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>*TOP SIDEA WITHIN BAR AREA (CONTAINED IN PINK "DISNEY" BIX).</b>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <b>1-14-08 1530 HRS.</b>	
12. ITEM NO. <b>#2-1</b>	13. QUANTITY	14. DESCRIPTION OF PROPERTY <b>01EA. ASIANA CLUB CARD UNDER THE NAME SONNY A. ECALNE.</b> <b>01EA. BANK OF HAWAII CHECK CARD #43116800076036 UNDER ANTONIO C. PINZON.</b> <b>01EA. GOV'T. OFFICIALS EMPLOYEES FEDERAL CREDIT UNION CARD 6401 7200037817</b> <b>01EA. US NAVY IDENTIFICATION CARD FOR CARLITO C. BANSIL</b> <b>01EA. CITIBANK VISA #4315060251912108 UNDER SANTANIO Y. SUNGENT</b> <b>01EA. GUAM ID CARD #08-2919 UNDER SONNY ALCANTARA ECALINE.</b> <b>————— NOTHING</b>		15. DISPOSAL ACTION
16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<b>#2-1</b>	<b>1-14-08 1530 HRS.</b>	Name (type or print) <b>SCENE</b>	Name (type or print) <b>S/A BAC SANTAS #38</b>	<b>EVIDENCE</b>
		Signature <i>[Signature]</i>	Signature <i>[Signature]</i>	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

## CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

## REMARKS

## 3. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

_____, rightful owner / authorized agent, hereby acknowledge receipt of  
 item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <b>CSC</b>	2. CASE No. <b>KY08-1208</b>	3. DIVISION <b>CID</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <b>AT SCENE</b> <input checked="" type="checkbox"/> OTHER <b>(BLUE HOUSE LOUNGE)</b>			7. ADDRESS <b>910 NORTH MARINE DRIVE 11AL TAMUNING, GUAM</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>WITHIN PARK AREA OF ESTABLISHMENT, #6 AND #7 ABOVE</b>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <b>14 JAN 08 3:30 PM</b>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
2-1	ONE EA.	DEPT. OF REVENUE AND TAXATION BUSINESS LICENSE SERIAL NO: 0814738.	
2-2	ONE EA.	DEPT. OF PUBLIC HEALTH & SOCIAL SERVICES SANITARY PERMIT NO: 70000464.	
2-3	ONE EA.	DEPT. OF PUBLIC HEALTH & SOCIAL SERVICES SANITARY PERMIT NO: 200001249.	
2-4	ONE EA.	GOVERNMENT OF GUAM ALCOHOLIC BEVERAGE LICENSE NO 10171 (REPLACE LIC # 08855).	
2-5	ONE EA.	DEPT. OF PUBLIC HEALTH & SOCIAL SERVICES INTERIM HEALTH CERTIFICATE NO I-200932.	
2-6	ONE EA.	DEPT. OF PUBLIC HEALTH & SOCIAL SERVICES HEALTH CERTIFICATE CLEARANCE APPLICATION (FERNEEL NEMEK).	
2-7	ONE EA.	DEPT. OF PUBLIC HEALTH & SOCIAL SERVICES HEALTH CERTIFICATE CLEARANCE APPLICATION (KINA CHOINZ).	
2-8	ONE EA.	DEPT. OF PUBLIC HEALTH & SOCIAL SERVICES HEALTH CERTIFICATE CLEARANCE APPLICATION (SAKIN WERIA).	
2-9	ONE EA.	DEPT. OF PUBLIC HEALTH & SOCIAL SERVICES HEALTH CERTIFICATE CLEARANCE APPLICATION (NANA TIPINBENI).	
2-10	ONE EA.	GREAT NATIONAL INSURANCE UND., INC. COVERAGE CARD, POLICY NO. CKI-0113-GNW-05.	
2-11	ONE EA.	INS EMPLOYMENT AUTHORIZATION CARD WAC 010654108.	
2-12	ONE EA.	ALCOHOLIC BEVERAGE CONTROL ID CARD #05-10-22-02. (JURICA CONKAT) - NOTHING FOLLOWS - <i>[Signature]</i>	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHAIN OF CUSTODY
2-1 <i>THRU</i> 2-12	14 JAN 08 3:30 PM	Name (type or print) <b>AT SCENE</b> Signature _____	Name (type or print) <b>S/A JOHN A. PEREZ #672</b> Signature <i>[Signature]</i>	EVIDENCE
		Name (type or print) Signature _____	Name (type or print) Signature _____	
		Name (type or print) Signature _____	Name (type or print) Signature _____	

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

## 3. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

## REMARKS

## DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as Item(s) No. _____ authorized by _____

_____, rightful owner / authorized agent, hereby acknowledge receipt of  
 m(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT  
KYCS #**

1. CLASSIFICATION <b>CSC</b>	2. CASE No. <b>08-1208</b>	3. DIVISION <b>CIS / GPD</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <b>SCENE</b>			7. ADDRESS <b>#910A N. MARINE DRIVE, UPPER TUMON, GUAM.</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>ROOM NO. 4 (STORAGE ROOM / SLEEPING QUARTERS)</b>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input checked="" type="checkbox"/> OTHER (Specify) <b>SAFE KEEPING</b>			11. DATE/TIME OBTAINED <b>JAN. 14, 2008 / 2:38PM.</b>	

12. ITEM NO. <b>4-1</b>	13. QUANTITY <b>1ea.</b>	14. DESCRIPTION OF PROPERTY <b>GOV. OF GUAM, DEPT. OF PUBLIC HEALTH AND SOCIAL SERVICES HEALTH CERTIFICATE CLEARANCE APPLICATION; BEARING THE NAME "ESA LINDAE", SEALED IN A CLEAR ZIP-LOCK PLASTIC BAG</b>	15. DISPOSAL ACTION

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<b>4-1</b>	<b>JAN. 14, 2008 2:38PM</b>	Name (type or print) <b>SCENE</b>	Name (type or print) <b>S/A EG. POLO #6064</b>	<b>EVIDENCE</b>
		Signature	Signature 	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**  
KYCS#

1. CLASSIFICATION <b>CSC</b>	2. CASE No. <b>08-1208</b>	3. DIVISION <b>CIS/GPD</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED  <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <b>SCENE</b>			7. ADDRESS <b>#910 A N. MARINE DR. HARMON/UPPER TUMON, GUAM.</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>ROOM NO. 4 (STORAGE ROOM / SLEEPING QUARTERS)</b>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED  <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input checked="" type="checkbox"/> OTHER (Specify) <b>SCENE SAFEKEEPING.</b>			11. DATE/TIME OBTAINED <b>JAN. 14, 2008 / 2:50PM.</b>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
<b>4-2</b>	<b>1ea.</b>	<p><b>TAPE SEALED CLEAR ZIPLOCK PLASTIC BAG</b></p> <p><b>CONTAINING THE FOLLOWING ITEMS.</b></p> <p><b>A). "BLUE HOUSE" CHECK NO. 1346 PAID TO</b></p> <p><b>DEL CARMEN INVESTMENTS OF THE AMOUNT</b></p> <p><b>\$2,700.00 (TWO THOUSAND SEVEN HUNDRED</b></p> <p><b>DOLLARS).</b></p> <p><b>B). "BLUE HOUSE" CHECK NO. 1351 PAID TO "ELNORA</b></p> <p><b>B. SICAD" OF THE AMOUNT \$1,500.00 (ONE</b></p> <p><b>THOUSAND FIVE HUNDRED DOLLARS).</b></p> <p align="center"><b>~~~~~ NOTHING FOLLOWS ~~~~~</b></p>	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<b>4-2</b>	<b>1-14-08 2:50PM</b>	Name (type or print) <b>SCENE</b>	Name (type or print) <b>S/A EG. PLOD #664</b>	<b>EVIDENCE</b>
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**  
KYCS #

1. CLASSIFICATION <b>CSC</b>	2. CASE No. <b>08-1208</b>	3. DIVISION <b>CIS / GPD</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED  <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <b>SCENE</b>			7. ADDRESS <b>#910-A N. MARINE DR. HARMON / UPPER TUNON, GUAM.</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>ROOM NO. 5 (MR. &amp; MRS. CHA'S ROOM)</b>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED  <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input checked="" type="checkbox"/> OTHER (Specify) <b>SAFEKEEPING</b>			11. DATE/TIME OBTAINED <b>1.14.08 / 4:45pm.</b>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
<b>5-2</b>	<b>1ea.</b>	<b>TAPE SEALED CLEAR PLASTIC ZIP LOCK BAG</b> <b>CONTAINING THE FOLLOWING ITEM:</b>  <b>A). EXPO TRAVEL AGENCY ITINERARY;</b> <b>BEARING THE NAMES "KAYLEEN KILION"</b> <b>&amp; "ELINO PROCH". RECORD LOCATOR:</b> <b>(3N81SX).</b>  <b>B). EXPO TRAVEL AGENCY INVOICE /</b> <b>RECEIPT NO. 13648; BEARING THE</b> <b>NAMES "KAYLEEN KILION &amp; ELINO</b> <b>PROCH".</b>  	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<b>5-2</b>	<b>1.14.08 4:45pm</b>	Name (type or print) <b>SCENE</b>	Name (type or print) <b>S/A EG. FLEO #1604</b>	<b>EVIDENCE</b>
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

**GUAM POLICE DEPARTMENT**  
**EVIDENCE/PROPERTY CUSTODY RECEIPT**  
**K/CS#**

1. CLASSIFICATION <b>CSC</b>	2. CASE No. <b>08-1208</b>	3. DIVISION <b>CIS/GPD</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <b>SCENE</b>			7. ADDRESS <b>#910 A N. MARINE DR. HARMON / UPPERTUMON, GUAM</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>ROOM NO. 5 (MR &amp; MRS. CHA'S ROOM)</b>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 88-11) <input checked="" type="checkbox"/> OTHER (Specify) <b>SAFEKEEPING</b>			11. DATE/TIME OBTAINED <b>1-14-08 / 4:45pm.</b>	

12. ITEM NO. <b>5-3</b>	13. QUANTITY <b>1 ea.</b>	14. DESCRIPTION OF PROPERTY <b>TAPE SEALED CLEAR PLASTIC ZIPLOCK BAG CONTAINING MISCELLANEOUS RECEIPTS/ DOCUMENTS.</b> <div style="border: 1px solid black; height: 200px; width: 100%; position: relative; margin-top: 10px;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); transform-origin: center;"> <b>NORMIE FOLLOWS</b> </div> </div>	15. DISPOSAL ACTION
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16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<b>5-3</b>	<b>1-14-08 4:45pm</b>	Name (type or print) <b>SCENE</b>	Name (type or print) <b>SA [Signature] #666</b>	<b>EVIDENCE</b>
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	



NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

# 6. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

## 17. REMARKS

## 18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____ the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <i>Criminal Sexual Conduct</i>	2. CASE No. <i>1408-1208</i>	3. DIVISION <i>GCTF/CID</i>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <i>Scene</i> <input checked="" type="checkbox"/> OTHER			7. ADDRESS <i>#710-A NORTH A. HAINES DR. TAMUNING GUAMI</i>	
9. LOCATION OF PROPERTY WHEN OBTAINED <i>Bedroom</i>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <i>1/14/08 445pm</i>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
<i>5-4</i>	<i>1</i>	<i>Contained in a Brown Paper Bag the following: - Numerous Documents and Receipts</i>	
<i>5-5</i>	<i>1</i>	<i>Contained in a brown Paper Bag the following: - Numerous Documents and Receipts</i>	
<i>5-6</i>	<i>1</i>	<i>Contained in a brown Paper Bag the following: - Numerous Documents</i>	
<i>Nothing follows</i>			

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<i>5-4, 5-5, 5-6</i>	<i>1/14/08 445pm</i>	Name (type or print) <i>Scene</i> Signature _____	Name (type or print) <i>Sgt. [Signature]</i> Signature _____	<i>EVIDENCE</i>
<i>5-5, 5-6</i>		Name (type or print) Signature _____	Name (type or print) Signature _____	
		Name (type or print) Signature _____	Name (type or print) Signature _____	

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

## 6. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

## 7. REMARKS

## 8. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <i>Criminal Sexual Conduct</i>		2. CASE No. <i>#08-1208</i>		3. DIVISION <i>ACTF/CID</i>		4. PROPERTY No.		5. LAB No.	
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <i>SCC</i> <input checked="" type="checkbox"/> OTHER					7. ADDRESS <i>#910-A NORTH MAIN ST TAMUNING, GUAM</i>				
					8. PHONE: (H) _____ (W) _____				
9. LOCATION OF PROPERTY WHEN OBTAINED <i>STORAGE ROOM BY BEDROOM (STORAGE ROOM SHELF)</i>									
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____								11. DATE/TIME OBTAINED <i>January 14, 2008 4:30pm</i>	
12. ITEM NO. <i>U-1</i>	13. QUANTITY <i>1</i>	14. DESCRIPTION OF PROPERTY <i>Contained in a Brown Paper Bag the following: - numerous documents</i>  <i>NOTHING FOLLOWS</i>						15. DISPOSAL ACTION	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<i>#U-1</i>	<i>January 14, 2008 4:30pm</i>	Name (type or print): <i>SCC</i> Signature: _____	Name (type or print): <i>PL-SGR #610</i> Signature: <i>[Signature]</i>	<i>EVIDENCE</i>
<i>#U-1</i>		Name (type or print): <i>PL-SGR #610</i> Signature: _____	Name (type or print): _____ Signature: _____	
		Name (type or print): _____ Signature: _____	Name (type or print): _____ Signature: _____	

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

## 5. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

## 17. REMARKS

## 18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

_____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____, as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

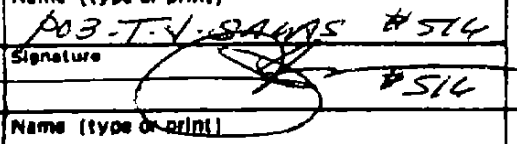
If disposal action is (D), complete the following:

On _____, the following item(s) No. _____ were destroyed as authorized by _____

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <b>EXECUTION OF SEARCH WARRANT</b>	2. CASE No. <b>K465-09-1208</b>	3. DIVISION <b>FORENSIC SCIENCE DIVISION</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <b>SCENE: BLUE HOUSE LOUNGE,</b> <input checked="" type="checkbox"/> OTHER <b>ROUTE 1, UPPER TUNION.</b>			7. ADDRESS <b>N</b>	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>SAME AS #6</b>			8. PHONE: (H) _____ (W) <b>A</b>	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <b>01/14/2008</b> <b>4:00PM - 4:25PM</b>	

12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY	15. DISPOSAL ACTION
1.	1 EA.	ONE (1) TAPE SEALED BROWN PAPER BAG CONTAINING:	
2.	1 EA.	ONE (1) TAPE SEALED WHITE ENVELOPE CONTAINING SUSPECTED SEMEN SWABBINGS OBTAINED FROM COUCH CUSHION INSIDE ROOM #5, AT SCENE.	
3.	1 EA.	ONE (1) TAPE SEALED WHITE ENVELOPE CONTAINING SUSPECTED <del>SEMEN</del> SEMEN SWABBINGS OBTAINED FROM COUCH CUSHION INSIDE ROOM #5, AT SCENE.	
4.	1 EA.	ONE (1) TAPE SEALED WHITE ENVELOPE CONTAINING SUSPECTED SEMEN SWABBINGS OBTAINED FROM COUCH CUSHION INSIDE ROOM #5, AT SCENE.	
5.	1 EA.	ONE (1) TAPE SEALED WHITE ENVELOPE CONTAINING SUSPECTED SEMEN SWABBINGS OBTAINED FROM COUCH CUSHION INSIDE ROOM #5, AT SCENE.	
6.	1 EA.	ONE (1) TAPE SEALED WHITE ENVELOPE CONTAINING SUSPECTED SEMEN SWABBINGS OBTAINED FROM BROWNISH COLORED COUCH PILLOW INSIDE ROOM #5, AT SCENE. NOTHING FOLLOWS	

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1, 2, 3, 4, 5, 6	01/14/2008 4:25pm	Name (type or print) <b>SCENE</b> Signature _____	Name (type or print) <b>POB-T-V-SAGAS #514</b> Signature 	EVIDENCE
		Name (type or print) Signature _____	Name (type or print) Signature _____	
		Name (type or print) Signature _____	Name (type or print) Signature _____	

CHAIN OF CUSTODY CONTINUED ON REVERSE

**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <b>CRIMINAL SEXUAL CONDUCT</b>	2. CASE No. <b>08-01200</b>	3. DIVISION <b>FSD/CSRS</b>	4. PROPERTY No.	5. LAB No.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <b>SCENE</b> <input checked="" type="checkbox"/> OTHER			7. ADDRESS	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>BLUE HOUSE LOUNGE, UPPER TUNNEL</b>			8. PHONE: (H) _____ (W) _____	
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <b>1-14-08</b> <b>3:50pm - 4:05pm</b>	
12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY		15. DISPOSAL ACT
1.	1 EA	ONE (1) TAPE SEALED BROWN PAPER BAG CONTAINING (2) TWO USED CONDOMS OBTAINED FROM RM 16 OF PRIVATE ROOM.		
2.	1 EA	ONE (1) TAPE SEALED BROWN PAPER BAG CONTAINING A OPENED CONDOM WRAP WITH USED CONDOM OBTAINED FROM PRIVATE ROOM NEAR BAR.		
3.	1 EA	ONE (1) TAPE SEALED BROWN PAPER BAG CONTAINING A WHITE LADIES PAJAMA OBTAINED FROM PRIVATE ROOM NEAR BAR.		
4.	1 EA	ONE (1) TAPE SEALED BROWN PAPER BAG CONTAINING A 125 LADIES BRA OBTAINED FROM PRIVATE ROOM NEAR BAR.		
<p>————— NOTHING FOLLOWS —————</p> <p style="margin-left: 100px;"><i>MP</i></p> <p style="margin-left: 400px;"><i>MP</i></p>				

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1, 2, 3, 4	1-14-08 4:05pm	Name (type or print) <b>SCENE</b>	Name (type or print) <b>PO3 P. APASUA</b>	
		Signature	Signature <i>[Signature]</i>	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

CHAIN OF CUSTODY CONTINUED ON REVERSE

DO NOT WRITE IN THIS SPACE

CLS	CS No.	PROP No.	LOC
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**GUAM POLICE DEPARTMENT  
EVIDENCE/PROPERTY CUSTODY RECEIPT**

1. CLASSIFICATION <b>Criminal Sexual Contact</b>	2. CASE NO. <b>11-1208</b>	3. DIVISION <b>CIS</b>	4. PROPERTY NO.	5. LAB NO.
6. NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER <b>Scene</b>			7. ADDRESS <b>Blue House Lounge Lot 5097-4, Harmon</b>	
			8. PHONE: (H) _____ (W) _____	
9. LOCATION OF PROPERTY WHEN OBTAINED <b>Wooden cabinet in kitchen area.</b>				
10. PURPOSE FOR WHICH OBTAINED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ANALYSIS (Attach Evidence Analysis Request Form, G.O. 85-11) <input type="checkbox"/> OTHER (Specify) _____			11. DATE/TIME OBTAINED <b>1/14/08 4:25pm</b>	
12. ITEM NO.	13. QUANTITY	14. DESCRIPTION OF PROPERTY		15. DISPOSAL ACTION
		<b>1-3k: 1ea "Continental Airlines" Itinerary Pass (Suway/Soumans)</b> <b>1-3L: "Bank of Hawaii" personalized check in the name of Song Ja Cha (#1011). Check amount \$500.00. Check torn in half.</b> <b>1-3m: "Mead" 3 subject 1120 sheet (blue cover) notebook with misc. entries.</b> <b>1-3n: "Arctic Star" notebook (green) with misc. entries.</b> <b>1-3o: Brown paper bag containing misc. documents.</b> <b>* contained in a sealed brown paper bag *</b> <b>the following follows are</b>		

16. CHAIN OF CUSTODY				
ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<b>1-3 K-0</b>	<b>1/14/08 4:25pm</b>	Name (type or print) <b>Scene</b>	Name (type or print) <b>Asst. Atty. Gen. #211</b>	<b>Evidence</b>
		Signature 	Signature 	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	



CLS

CS No.

PROP No.

LAB No.

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

## 16. CHAIN OF CUSTODY (continued)

ITEM NO.	DATE & TIME	RELINQUISHED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	
		Name (type or print)	Name (type or print)	
		Signature	Signature	

## 17. REMARKS

## 18. DISPOSAL ACTION

Indicate in disposal action column (on front), by letter code, type of action. CODES: (A) Returned to submitting agency (C) Superior Court (D) Destroyed (F) District Court (I) Returned to individual owner (M) Other method - explain in remarks.

If disposal action is (I), complete the following:

Release of article(s) indicated as item(s) No. _____ authorized by _____

I, _____, rightful owner / authorized agent, hereby acknowledge receipt of item(s) No. _____ as indicated on front, in good condition from _____

Signature of Owner / Agent

Address

Date

If disposal action is (D), complete the following:

On _____ Case 1:08-cr-00008 Document 72-3 Filed 04/23/2008 Page 57 of 57